

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10) 578698

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2					
4	2					
5	1					
6	0					
7	0					
8	0					
9	0					
10	0					
11	0					
12	0					
13	0					
14	0					
15	0					
16	1					
17	0					
18	0					
19	0					
20	0					
21	0					
22	0					
23	0					
24	0					
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48						
49						
50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	25	←		←		←
TOTAL CLAIMS	26					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.				←		←
TOTAL CLAIMS						